

The purpose of this document is to provide authority for tuberculosis (TB) directly observed therapy (DOT) services under authority of Texas Administrative Code, Title 22, Part 9, Chapter 193 (§193.2), Standing Delegation Orders.

Standing delegation orders (SDOs) and standing medical orders (SMOs) are written instructions, orders, rules, regulations, or procedures prepared by a physician. SDOs provide authority and a plan for use with patients presenting themselves prior to being examined or evaluated by a physician. SMOs provide authority and direction for the performance of certain prescribed acts for patients which have been examined or evaluated by a physician. SDOs and SMOs are distinct from specific orders written for a particular patient.

The intended audience for these orders are:

- Authorized staff employed by the Texas Department of State Health Services (DSHS) and working in Health Service Region (HSR) offices.
- Authorized DOT providers who are contracted by DSHS HSRs.

Table of Contents

A. Definitions
B. Method Used for Development, Approval, and Revision
C. Level of Experience, Training, Competence, and Education Required
D. Method of Maintaining a Written Record of Authorized Staff
E. Authorized Delegated Acts
F. Procedures and Requirements to be Followed by Authorized Staff
G. Client Record-Keeping Requirements
H. Scope of Supervision Required
I. Specialized Circumstances to Immediately Communicate with the Authorizing Physician
J. Limitations on Setting
K. Date and Signature of the Authorizing Physician
ATTACHMENT 1: <i>Attestation of Authorized Staff</i>
ATTACHMENT 2: <i>DOT Provider Acknowledgement</i>
ATTACHMENT 3: <i>New DOT Provider Checklist</i>

A. Definitions

1. Authorized Staff or Authorized DOT Provider: an employee or contractor of the DSHS who has met the requirements of and signed this SDO.
2. Authorizing Physician: a physician licensed by the Texas Medical Board who executes this SDO.

B. Method Used for Development, Approval and Revision

This SDO and the relevant attachments shall be:

1. Developed by the DSHS Regional Medical Directors in consultation with DSHS TB nurses.
2. Reviewed and signed at least annually by the authorizing physician.
3. Revised as necessary by the DSHS Regional Medical Directors in consultation with DSHS TB nurses and, as needed, the DSHS TB Services Branch, Heartland National TB Center expert physicians, and/or the DSHS Infectious Disease Medical Officer.

C. Level of Experience, Training, Competence, and Education Required

To carry out acts under this SDO, an authorized DOT provider must:

1. Be an employee or contractor of the Texas Department of State Health Services.
2. Have signed the confidentiality agreement:
<https://www.dshs.texas.gov/hivstd/policy/policies/201103.pdf>
3. Have reviewed and are readily able to access the regional TB DOT Provider Manual.
4. Have been trained on screening clients for signs or symptoms of medication toxicity, filling out and submitting the TB-206 & TB-206A forms, and verifying that DOT packets for a client match the prescribed medications and dosages on the most current TB-400A or TB-400B form.
5. Have been observed providing TB DOT services by the designated

nurse supervisor.

6. Have undergone an initial evaluation of competence in the knowledge of TB, the importance of DOT, and the required activities in the provision of TB DOT services within 12 months prior to signing and providing TB DOT services under this SDO:
 - Initial evaluation of competence is performed by:
 - A nurse authorized to provide DOT who has signed this SDO or
 - An employee designated by the regional TB Program Manager or Communicable Disease Manager.
 - Review and Sign the ***DOT Provider Acknowledgement: ATTACHMENT 2***
 - The initial evaluation of competence must include documentation of the DOT provider's ability to carry out these orders and knowledge of the reasoning for and importance of directly observed therapy. Initial training and evaluation of competence must occur before TB DOT services are independently provided. ***ATTACHMENT 3: New DOT Provider Checklist***
 - Continuing evaluation of competence is performed annually by the designated nurse supervisor that documents the authorized DOT provider's ability to carry out this SDO accurately and dependably.
7. Have reviewed and signed this SDO, ***ATTACHMENT 1: Attestation of Authorized Staff***, within 12 months prior to providing services under this SDO.

D. Method of Maintaining a Written Record of Authorized Staff

A record of the authorized staff who have successfully demonstrated competence and the ability to carry out the orders in this SDO shall be maintained by the TB Program Manager or Communicable Disease Manager in the HSR office.

E. Authorized Delegated Acts

Authorized staff may provide TB DOT services under this SDO to clients who are being treated for suspected or confirmed TB, for TB infection requiring DOT, or for prophylaxis during the window period following TB exposure in vulnerable populations.

It is the intent of all parties that the acts performed under this SDO shall be in compliance with the Texas Medical Practice Act, the Texas Nursing Practice Act, the Texas Pharmacy Act, and the rules promulgated under those Acts.

F. Procedures and Requirements to be followed by Authorized Staff

1. Adhere to Standard Precautions when providing TB DOT services, including respiratory precautions if the client is infectious and hand hygiene.
2. Verify that the medication in the TB DOT packets matches the ones prescribed by the authorizing physician on the most current TB-400A or TB-400B form with the designated nurse supervisor or nurse responsible for the clinical management of the client. Document receipt of the DOT packets.
3. Utilize interpreter services to facilitate client and DOT provider communication as it relates to limited English proficient (LEP) clients.
4. Ensure, to the extent possible, that the person seen for TB DOT services is, in fact, who the person claims to be.
5. Provide name and contact information to the client.
6. Ensure that the client's consent and signature have been obtained by the nurse responsible for the clinical management of the client. If consent and signature have not been obtained or cannot be located, contact the nurse for instructions.
7. Arrive at the agreed upon place at the designated time with the client's medication(s).
 - If the client is not found at the agreed place at the agreed time, document the missed appointment on the ***Tuberculosis Directly Observed Therapy Log (TB-206 or TB-206A for INH-Rifapentine)***.
 - If unsafe conditions exist or a client or family member or anyone else is threatening, leave the location as safely and quickly as possible. Call 911, if necessary, as soon as possible. Once in a safe place, notify your supervisor or the nurse responsible for the clinical management of the client.
8. If this is the first dose of TB medication for the client, do not

administer the medications. Immediately notify your supervisor or the nurse responsible for the clinical management of the client.

9. At the first visit and at the beginning of each month, complete and sign, and have the client complete and sign the *Client/DOT Provider Agreement* section of the **TB-206 or TB-206A**.
10. Ask client about the signs and symptoms of medication toxicity and document responses on the **TB-206 or TB-206A**.
 - If the client reports any symptoms noted with a double asterisk, **do not give the medications** to the client. Contact the nurse responsible for the clinical management of the client or the authorizing physician for instructions.
11. Provide the medication packet to the client
 - Do not open the TB DOT dose packet for the client.
 - Do not crush pills or mix pills with food or liquids for the client unless ordered by the authorizing physician and trained by the nurse responsible for the clinical management of the client.
12. Observe the client ingesting all medication in each TB DOT packet. The client should be observed continuously from the time the TB DOT packet is given to the client until all of the medication is ingested. **Never leave a TB DOT packet with the client to be taken later, unless the dose packet is for self-administration.** Self-administered doses must be documented as such and CANNOT be recorded as DOT.

If any of the following occur, notify the nurse responsible for the clinical management of the client:

 - If the client is unable to ingest the entire dose.
 - If the client is suspected of not swallowing the medication. (Be sure to inspect the client's mouth including under the tongue.)
 - If there is suspicion that the client is vomiting medication after the visit, wait 30 minutes before leaving the client.
13. Document that the DOT medication has been given, initial where indicated, and have the client initial on the **TB-206 or TB-206A**.

G. Client Record-Keeping Requirements

Authorized staff must accurately and completely report and document each delegated act in the client's medical record which must include:

1. Names of all personnel involved in client services at each visit, including the name of the interpreter, if used.
2. Actions carried out under these standing orders.
3. Medications administered or provided to the client.
4. Client response(s), if any.
5. Contacts with other healthcare team members concerning client's status.
6. Accurate documentation on the ***TB-206 or TB-206A***.

H. Scope of Supervision Required

This SDO gives the authorized staff the authority to perform the acts described in this SDO with consultation as needed with the staff member's supervisor and/or the nurse responsible for clinical management of the client.

I. Specific Circumstances to Immediately Communicate with the Authorizing Physician

Circumstances when the authorized DOT provider should immediately contact the authorizing physician by phone include, but are not limited to, anytime medical consultation or guidance is needed which may include concerns for serious medication toxicity or significant deterioration of the client's health or mental status.

In an emergency situation, the authorized DOT provider shall call 911, provide care according to his or her skills and ability, and stay with the client until emergency services arrive. As soon as possible after emergency medical service providers are tending to the client, notify the nurse responsible for the clinical management of the client and/or the authorizing physician by phone.

J. Limitations on Setting

Authorized DOT providers can provide services under this SDO in the clinic setting, in the client's home, or other field settings when the authorizing physician can be contacted by phone.

K. Date and Signature of the Treating Physician

This SDO shall become effective on the date that it is signed by the treating physician, below, and will remain in effect until it is either

**Texas Department of State Health Services Standing Delegation Orders: Tuberculosis Directly
Observed Therapy Services Provided by Authorized Staff, Fiscal Year 2017-18**

revised, rescinded, there is a change in the treating physician, or at the end of business on the last day of the current DSHS fiscal year (August 31, 2018), whichever is earlier.

Treating Physician's Signature: _____

Treating Physician's Title: _____

Printed Name: _____

Effective Date: _____

ATTACHMENT 1:
Attestation of Authorized Staff

I, _____ have read and understand
printed name of authorized licensed nurse
the *Texas Department of State Health Services Standing Delegation Orders
for Tuberculosis Clinical Services Provided by Authorized Licensed Nurses
and Paramedics, Fiscal Year 2017-18 ("SDO")* that was signed by

_____ on _____
printed name of treating physician date of treating physician's signature

- I agree that I meet all qualifications for authorized staff outlined in the SDO.
- I agree to follow all the orders outlined in the SDO.
- I agree not to misrepresent a dose of TB medication as directly observed that was either missed or self-administered. I understand that to do so shall result in disciplinary action that may include immediate termination of employment or contract.

Signature of Authorized Staff

Date

ATTACHMENT 2

DOT Provider Acknowledgement

I, _____, acknowledge that I have received a copy of, understand, and agree to abide by the following guidelines and protocols:

- Regional DOT Provider Manual containing:
 - Definition of Directly Observed Therapy (DOT)
 - Definition of Tuberculosis (TB)
 - Definition of TB Infection (TBI)
 - DOT Provider Responsibilities
 - Minimal Required Competencies
 - Procedures for DOT
 - Additional Provider tasks
 - Safety Procedures
 - Patient Confidentiality Procedures
 - Quality Assurance Methods
 - Information on Personal Protective Equipment
 - Information on Common DOT Regimens
 - TB Drug Identifiers
 - Information on how to identify adverse reactions to medications and protocols to follow when an adverse reaction occurs
 - Internet Resources
- Instructions on: Doses of DOT/DOPT not Delivered as Scheduled
- Instructions on: Filling out and submitting TB-206 and TB-206A
- Instructions on: Reading the DSHS TB-400 to verify the prescribed medications
- Container/binder for medications and forms

I certify that I have read and understand these guidelines. I agree to comply with agency guidelines and protocols to the best of my ability.

Signature: _____ Date: _____

DSHS HSR Nurse Signature: _____

Date: _____

ATTACHMENT 3

New Directly Observed Therapy Provider Checklist

DOT Provider Name: _____

COMPETENCY	Observation Date	Reviewer initials	DOT Provider Initials
Purpose			
Provider is able to explain the difference between a latent Tuberculosis (TB) infection, a suspected case of TB, and an active case of TB.			
Provider is able to explain what DOT/DOPT is to the patient and the purpose of the DOT/DOPT in his or her circumstance.			
Preparation			
Provider verifies that patient has signed consents for treatment to be provided by the Department of State Health Services (DSHS).			
Provider visually inspects location for delivery of DOT to ensure a safe environment.			
Provider is able to verify the medications that have been ordered for the patient, their dosage, and frequency of administration.			
Provider brings medications, DOT log (TB-206 or TB-206A), and other supplies (pill crusher, mask if patient on isolation, etc.) as necessary to meet the patient for DOT			
Assessment			
Provider uses two identifiers to confirm the identity of the patient at the first meeting.			
Provider assesses the patient for medication toxicity by asking if signs and symptoms listed on the TB-206 or TB-206A are present before administering medications.			
If patient states he or she has more than one of the signs and symptoms of toxicity listed with an asterisk or has a new onset of symptoms, the provider contacts the TB nurse case manager for further instructions.			
Administration and Documentation			
Provider observes patient swallowing each medication at every visit without fail.			

Texas Department of State Health Services Standing Delegation Orders: Tuberculosis Directly Observed Therapy Services Provided by Authorized Staff, Fiscal Year 2017-18

Provider and patient both sign and initial in appropriate areas of TB-206 or TB-206A after each DOT is provided.			
The provider documents the delivery of DOT to the patient and any other important information including, but not limited to, non-compliance, missed appointments, and incomplete dosages taken during the DOT visit in progress notes.			
Education and Reporting			
Provider confirms the next DOT time and location with the patient before leaving.			
Provider explains common adverse effects of medications and directs patient on proper actions to take for severe reactions.			
Provider sends completed TB-206 or TB-206A to TB Nurse Consultant at end of each month.			
Notes			

Reviewer Name: _____

Reviewer Signature: _____

Communicable Disease (CD) or
TB Program Manager Name: _____

Signature: _____

Date: _____